Total Annual Insurance-Related Expenditures by Residence

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| For All Ages | | | Total | | Per Capita | |
|---|-------------------|-----------------------|------------------------|----------------------------|------------------------|----------|
| Residence Type | Consumer Count | Total Expenditures | Authorized Services | Per Capita Expenditures | Authorized Services | Utilized |
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 75 | \$107,806 | \$118,165 | \$1,437 | \$1,576 | 91.2% |
| Independent Living or Supported Livi | ng 0 | | | | | |
| Developmental Center/State Hospital | I 0 | | | | | |
| Correctional Institution | 0 | | | | | |
| Community Care Facility (CCF) | 0 | | | | | |
| ICF Facility & Continuous Nursing | 0 | | | | | |
| Skilled Nursing Facility (SNF) | 0 | | | | | |
| Foster Home, Children | 0 | | | | | |
| Family Home, Adults | 0 | | | | | |
| Psychiatric Treatment Facility | 0 | | | | | |
| Rehabilitation Center | 0 | | | | | |
| Acute General Hospital | 0 | | | | | |
| Sub-Acute | 0 | | | | | |
| Community Treatment Facility | 0 | | | | | |
| Hospice | 0 | | | | | |
| Transient/Homeless | 0 | | | | | |
| Other | 0 | | | | | |
| Total | s: 75 | \$107,806 | \$118,165 | \$1,437 | \$1,576 | 91.2% |
| For Birth to age 2 years, inclusive | | | | | | |
| · | | | | | | |
| Out-of-State Home of Parent or Guardian | 0 10 | ¢4.24.4 | ¢ E 046 | £ 424 | \$ 500 | 00.70/ |
| | | \$4,314 | \$5,216 | \$431 | \$522 | 82.7% |
| Independent Living or Supported Livi | _ | | | | | |
| Developmental Center/State Hospital | | | | | | |
| Correctional Institution | 0 | | | | | |
| Community Care Facility (CCF) | 0 | | | | | |
| ICF Facility & Continuous Nursing | 0 | | | | | |
| Skilled Nursing Facility (SNF) | 0 | | | | | |
| Foster Home, Children | 0 | | | | | |
| Family Home, Adults | 0 | | | | | |
| Psychiatric Treatment Facility | 0 | | | | | |
| Rehabilitation Center | 0 | | | | | |
| Acute General Hospital | 0 | | | | | |
| Sub-Acute | 0 | | | | | |
| Community Treatment Facility | 0 | | | | | |
| Hospice | 0 | | | | | |
| Transient/Homeless | 0 | | | | | |
| Other | 0 | | | | | |
| Total | s: 10 | \$4,314 | \$5,216 | \$431 | \$522 | 82.7% |

Total Annual Insurance-Related Expenditures by Residence

Fiscal Year 2020-2021 Page 2 of 2

| For age 3 years to 21 years, inclusive | e Consumer | Total | Total Authorized | Per Capita | Per Capita Authorized | |
|--|---------------|--------------|---------------------|--------------|--------------------------|----------|
| Residence Type | Count | Expenditures | Services | Expenditures | Services | Utilized |
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 65 | \$103,492 | \$112,949 | \$1,592 | \$1,738 | 91.6% |
| Independent Living or Supported Living | 0 | | | | | |
| Developmental Center/State Hospital | 0 | | | | | |
| Correctional Institution | 0 | | | | | |
| Community Care Facility (CCF) | 0 | | | | | |
| ICF Facility & Continuous Nursing | 0 | | | | | |
| Skilled Nursing Facility (SNF) | 0 | | | | | |
| Foster Home, Children | 0 | | | | | |
| Family Home, Adults | 0 | | | | | |
| Psychiatric Treatment Facility | 0 | | | | | |
| Rehabilitation Center | 0 | | | | | |
| Acute General Hospital | 0 | | | | | |
| Sub-Acute | 0 | | | | | |
| Community Treatment Facility | 0 | | | | | |
| Hospice | 0 | | | | | |
| Transient/Homeless | 0 | | | | | |
| Other | 0 | | | | | |
| Totals: | 65 | \$103,492 | \$112,949 | \$1,592 | \$1,738 | 91.6% |
| For age 22 years and older | | | | | | |
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 0 | | | | | |
| Independent Living or Supported Living | 0 | | | | | |
| Developmental Center/State Hospital | 0 | | | | | |
| Correctional Institution | 0 | | | | | |
| Community Care Facility (CCF) | 0 | | | | | |
| ICF Facility & Continuous Nursing | 0 | | | | | |
| Skilled Nursing Facility (SNF) | 0 | | | | | |
| Foster Home, Children | 0 | | | | | |
| Family Home, Adults | 0 | | | | | |
| Psychiatric Treatment Facility | 0 | | | | | |
| Rehabilitation Center | 0 | | | | | |
| Acute General Hospital | 0 | | | | | |
| Sub-Acute | 0 | | | | | |
| Community Treatment Facility | 0 | | | | | |
| Hospice | 0 | | | | | |
| Transient/Homeless | 0 | | | | | |
| Other | 0 | | | | | |
| | | | | | | |

Totals:

0